

Women in cardiology: narrowing the gender gap

Rebecca Dobson ,¹ Sarah C Clarke²

Ever since cardiology was established as a distinct medical specialty, it has been dominated by men. Following the appointment of the first UK female cardiology consultant, Dr Celia Oakley, in 1958, the proportion of women cardiologists has slowly increased to its current level of around 15%.¹ This is still well below the European average of 28%, with the UK ranking in the bottom three countries in Europe for female under-representation, along with Ireland and Kosovo.² Reflecting the demographic of the UK cardiology workforce, the British Cardiovascular Society (BCS) has also evolved from a traditional 'old boys club', with no female council members until 1996, into a more diverse and welcoming organisation which elected its first female President, Dr Sarah Clarke, in 2015. However, there is still much progress to be made with only 20% of BCS members identifying as female at the beginning of 2022 and to date no data collected on the gender of BCS executives, board members or officers.

Gender diversity in the cardiology workforce has remained an issue. The BCS Working Group for Women in UK cardiology established in 2004 published a report in 2005³ with clear action points to address the lack of women in cardiology (WIC), including establishing mentors for WIC, encouraging flexible training, establishing more part-time consultant posts and having zero tolerance of sexism in the workplace. Despite this, there is a wealth of evidence that cardiology is still viewed as a specialty with adverse working conditions that interfere significantly with family life.⁴

Sixteen years on, the same conversations are being had, with women remaining under-represented among cardiology trainees, consultants, on speaker panels⁵ and in positions of leadership. The reasons for this are multiple and in the past have included inflexible working patterns and lack of female role models. There has been progress in these areas over recent

years, but the gender imbalance remains, with persisting concerns around radiation in pregnancy,⁶ work-life balance and sexism.^{7,8}

CHALLENGES FOR WIC

Too often, women have been actively discouraged from pursuing a cardiology career, with a widely held opinion it is not possible to combine training and the demands of the job with raising a family. While there is no doubt that the combination of cardiology and caring responsibilities is challenging, this outdated opinion is simply untrue. There are many female and indeed male cardiologists around the UK demonstrating every day that it is possible to achieve a work-life balance and thrive both at work and at home. Despite this, female medical students and trainees continue to report active discouragement from a career in cardiology by apparently well-meaning physicians, both those working within cardiology and other specialties.

Historically the commitment of those who elect to train or work flexibly in cardiology (the majority of whom are female) has been questioned. However, a growing number of cardiologists are proving the sceptics wrong, demonstrating that working part-time and being dedicated to their patients are not mutually exclusive.

Working as the sole female cardiologist within a department used to be commonplace. This led to a feeling of isolation among some female cardiologists who struggled to build a support network. This is now less common but other challenges remain. The day-to-day experience of working as a WIC varies considerably. Some are lucky enough to have never experienced gender discrimination, but for many casual sexism from patients and colleagues is all too common. It is no surprise that over a third of UK female cardiologists have reported sexual harassment.⁷ Institutional and cultural sexism is not something that can be solved by a WIC representative or group. It requires men and women to reflect on their own perceptions, feelings and behaviours, and be open to the opinions and feelings of others, particularly those in the minority.

THE ROLE OF BCS AND WIC

The WIC BCS Council Representative position was first championed by then President, Dr Howard Swanton, a WIC advocate in 2005. Dr Jane Flint-Bridgewater was the first woman elected to the role and she worked hard to create links to trainees and training committees at all levels, initiated BCS WIC lunch-time meetings and started a regular newsletter to improve links between WIC. She remembers her time: "...my reality of often being utilised as a token woman" and "I was met with incredulity more than overt prejudice". Since then, four others have held the position and worked to support and encourage WIC. The election of the first female BCS President in 2015 was another important step in the right direction for WIC. Dr Clarke says:

I was fortunate to have Prof Keith Fox and Dr Iain Simpson, previous Presidents of the BCS, as mentors and advocates for women in cardiology. They encouraged me as I navigated my career and the ranks at the BCS. Addressing the problem should, however, not be left to just a few. We should all own the problem and support women as part of the workforce diversity agenda, in cardiology.

More recently the BCS has developed a dedicated WIC website and published a range of resources, including a showcase of female cardiology role models, flexible working patterns (for both men and women) and guidance for pregnant cardiologists, their partners, supervisors and colleagues. There is much work still to be done to ensure that women are encouraged into the specialty and supported once working within it. The work of Kurdi *et al*⁹ provided invaluable information on why medical students and junior doctors decide against a career in cardiology and the BCS must engage the next generation to understand and address these reasons to facilitate meaningful change. Encouraging and supporting more women to enter cardiology must be a priority for BCS and the UK cardiology workforce. 'You can't be what you don't see' is an oft-uttered phrase and demonstrates the importance of showcasing successful women cardiologists to medical students and junior doctors. This was recognised in Banerjee *et al*'s¹⁰ recent article on trailblazers and role models in procedure-based cardiology. Looking further afield, our colleagues at the American College of Cardiology have made significant progress in recent years and we can learn a lot from their WIC network structure, ethos and events. Professor Barbara Casadei,

¹Liverpool Heart and Chest Hospital NHS Foundation Trust, Liverpool, UK

²Department of Cardiology, Papworth Hospital NHS Foundation Trust, Cambridge, UK

Correspondence to Dr Rebecca Dobson, Liverpool Heart and Chest Hospital NHS Foundation Trust, Liverpool, UK; rebecca.dobson@lhch.nhs.uk

#Ilooklikeacardiologist



Dr Sadia Khan



Dr Ashley Nesbit



Dr Denise Braganza



Dr Nang Kyi



You?



Prof Anvesha Singh

Figure 1 #Ilooklikeacardiologist

immediate past president of the European Society of Cardiology, also gives valuable advice, emphasising the importance of respect for diversity and a supportive workplace environment in order to recruit and retain women in the specialty.¹¹ Figure 1, #Ilooklikeacardiologist, demonstrates that all women are welcome and valued within cardiology.

The BCS is committed to keep working towards true equality between male and female cardiologists and is keen to use its centenary year as an opportunity for landmark change for WIC. Plans include the following:

- ▶ Formalising the current WIC team into a fully constituted BCS committee (with elected members and clear terms of reference). The WIC representative will also sit on the BCS Executive. This will ensure that the WIC team are an integral and important part of the society, with their values and plans reflected in those of the wider society.
- ▶ A BCS WIC Twitter account to keep members up to date with initiatives and events.
- ▶ WIC representation/leadership in every region of the UK with local meetings and networking events.
- ▶ A celebratory WIC dinner to be held during the annual conference.
- ▶ A WIC stand at the annual conference to facilitate networking among WIC.

- ▶ An inaugural WIC conference in late 2022 to promote the WIC network around the UK and to provide relevant and useful resources for WIC.

Anyone who would like to get involved with these plans or find out more is invited to email wic@bcs.com for more information.

CONCLUSION

In the 64 years since the first female UK cardiologist was appointed, WIC have faced and continue to face many challenges over and above their male colleagues. Significant progress has been made to improve gender equality within the specialty, but despite this there is still a long way to go. Professor Roxana Mehran made an important point in her 2018 *JAMA Cardiology* viewpoint¹²: “Rather than make excuses or nod sympathetically, leaders must do something in response to these voices – even if it makes them uncomfortable”. The time is right for men and women within cardiology to work together to continue to make progress. Hopefully, with ongoing WIC initiatives, increased awareness of the issues WIC face, a greater emphasis on women role models, mentors and an increase in flexible working, we can continue to move towards a more equal world of cardiology for men and women.

Twitter Rebecca Dobson @theharveys

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ORCID iD

Rebecca Dobson <http://orcid.org/0000-0001-5399-6030>

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